Approved for use Urough 7/31/7006 OMB0651-0032 U.S. Pelore and Trademert Office; U.S. DEPARTMENT OF COMMERCE

Physicia Reduction Act of 1995, no princes are required to report to a principal distribution united a displayer a valid CMB control number. Submitute for Ferm PTO-875 Effective December 8. 2004 Application or Docket Humby APPLICATION AS FILED - PART I 188 (Cotumn 1) (Column 2) SMALL ENTITY OTHER THUN OR FOR MUMBER FLED SMALL ENTITY NUMBER EXTRA BASICFEE PAT CER I THEI MY WELL RATE (1) PEE OF RATE (1) SEARCH FEE NIA. NIA FEE (S) (37 CFR 1 10(1) 14. 0 (m) 150.00 NA . ŇA 300.00 NIA EXAMINATIONFEE NA 132 CFR 1 16(d. b). a (a)) NA TOTAL CLAMS NUA NA (37.0FR 1 16(4) INDEPENDENT CLAIMS uaune 50 · X\$ 25 (37 CFR 1 16(N) X\$50 OR X100 if the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due is \$260 (\$126 for small entity) for each 137 CFR 1 16(4) additional 60 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(a) MULTIPLE DEPENDENT CLAIM PRESENT OF CFR 1 16(1) +180= $^{\circ}$ if the difference in column 1 is less than zero, enter $^{\circ}$ C in column 2. +360-TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAHAS OTHER THAN SMALL ENTITY OR HIGHEST REMAINING 11/23/00 AFTER JENDMENT SMALL ENTITY NUMBER PRESENT RATE (S) PREVIOUSLY EXTRA ADDI-Total pr cras.rec PAID FOR RATE(S) TIONAL ADOI-Minus 0 FEE (\$) 20 X\$ 25 OF CAR LINAY FEE (h) XSSO OR Application Size Fee (37 CFR 1.16(6)) 0 X100 X200 PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.140) +180= +360= **OR** Re TOTAL ADD'L FEE TOTAL (Column 1) ADO'L FEE (Column 2) CLAIMS (Column 3) HIGHEST REMAINING NUMBER OMEN PRESENT AFTER. RATE (3) ADOLTIONAL AMENDMENT PREVIOUSLY EXTRA Total Grow, Links PAID FOR RATE (\$) ADOL Minus 10 FEP (F) 20 TIONAL independent . (D7 CFR & 160 D) X\$ 25 FEE (1) 2 Minus XSSO Application Size Fee (37 CFR 1.16(1)) OR X100 X200 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16g) OR +180a +360a Highest Number Previously Paid For IN THES SPACE is less than 30, enter "20".

If the Tighest Number Previously Paid For IN THES SPACE is less than 30, enter "20".

The Tighest Number Previously Paid For IN THES SPACE is less than 3, enter "20".

The Tighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

In ollocities of Information is required by 37 CFR 1.16. The information is required to either or retain a benefit by the pubble which is for its bridge gathering, preparing, and suchmitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments in transact office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS OR

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2